

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34690

State File No. \_\_\_\_\_

Registrar's No. 816OCT 25 1943  
Registration District No. 128Primary Registration District No. 2.000

## 1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HARRY F. BUTLER.3. (b) If veteran, NONE name war. 3. (c) Social Security No. Unk.4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOWER6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive Dec. years7. Birth date of deceased. NOV. 11 1873  
(Month) (Day) (Year)8. AGE: Years 69 Months 10 Days 22 If less than one day  
hr. min.9. Birthplace Hickory Co. MO.  
(City, town or county) (State or foreign country)10. Usual occupation Retired Mechanic11. Industry or business Garage Work12. Name Henry C. Butler13. Birthplace UNK. Unknown  
(City, town or county) (State or foreign country)14. Maiden name Martha Skinner15. Birthplace UNK. Unknown  
(City, town or county) (State or foreign country)16. (a) Informant Blanche Holderby(b) Address Springfield, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 5-1943  
(Month) (Day) (Year)(c) Place: burial or cremation Spring Branch Cem.18. (a) Signature of funeral director C. W. Hingner & Co.(b) Address SPRINGFIELD, MO.19. (a) 10-4-43 (b) Dr. W. H. Handley  
(Date received local registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE  
(c) City or town SPRINGFIELD  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1404 PRAIRIE.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 3  
year 1943 hour 9 minute 30 P. M.21. I hereby certify that I attended the deceased from Oct 1941 to Oct 3 1943  
that I last saw him alive on Oct 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to myocardial infarction 1-42 years

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (D. or other) \_\_\_\_\_Address Spfld. Mo. Date signed 10-3-

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Ray A. Lawrence*

Licensed Embalmer No. *1763*

P. O. Address *Springfield Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**